

Case Number:	CM15-0130921		
Date Assigned:	07/17/2015	Date of Injury:	06/10/1998
Decision Date:	08/20/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68 year old male who sustained an industrial injury on 06/10/1998. Location of pain and mechanism of injury were not mentioned. Treatment provided to date has included: lumbar laminectomy (2004); lumbar fusion (2006); right rotator cuff repair (2008); left rotator cuff repair (2009); left knee arthroplasty (2011); spinal cord stimulator placement (2012); injections; medications; and conservative therapies/care. Reported diagnostic tests include: x-rays and CT scan of the chest (2015) showing evidence of asbestos related exposure and a stable pulmonary nodule in the right lower lobe. Other noted dates of injury documented in the medical record include: Comorbidities included hyperlipidemia and thyroid disease. There were no other dates of injury noted. On 06/10/2015, physician follow-up progress report (PR-2) noted complaints of ongoing low back pain with radiating pain into the left leg. The pain was rated 4/10 in severity, and the injured worker reported 100% relief with his last right sacroiliac joint injection. The report also states that the injured worker has maintained function with the use of medications and demonstrated no aberrancy. Current medications include Duexis, Nucynta, Niacin ER, Synthroid, Zipsor, hydrocodone-acetaminophen, methocarbamol, and topiramate. The physical exam revealed moderate lumbar facet pain with extension and rotation, and positive Faber's test on the right. The provider noted diagnoses of post-laminectomy syndrome of the lumbar region, and thoracic or lumbosacral neuritis or radiculitis. Plan of care includes refills on hydrocodone-acetaminophen, refill of methocarbamol, start Movantik, and follow-up in 4 weeks. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes: methocarbamol 750mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Methocarbamol 750 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: In regards to Robaxin (methocarbamol), the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The mechanism of action for Robaxin (methocarbamol) is unknown, but it appears to related to the central nervous system depressant effects with related sedative properties. The clinical notes show that the injured worker has been prescribed Robaxin (methocarbamol) since at least 11/2014 with evidence of increased pain. There is insufficient evidence of reduction in pain and improvement in function with the use of this medication. Furthermore, the MTUS does not recommend or support the long-term use of muscle relaxants. Therefore, methocarbamol 750mg #90 is not medically necessary.